

Indianapolis Department of Code Enforcement

1200 Madison Avenue, Suite 100

Indianapolis, IN 46225

Phone: (317) 327-4316

Fax: (317) 327-0817

New _____ Renewal _____

License: \$319.00

State Fingerprint Fee: \$32.25

Local Fingerprint Fee: \$10.00

Fire Inspection: \$84.00



**APPLICATION FOR MASSAGE, ESCORT, NUDE MODEL,
BODY PAINTING, BATH HOUSE AND OTHER RELATED ENTERPRISES LICENSE**

Business Name: _____ Phone Number: _____

Address of Business: _____ Zip Code: _____

Name of Applicant: _____ Phone Number: _____

Address Applicant: _____ Zip Code: _____

Email Address: _____ Age of Applicant: _____

Length of time this business has been in Indianapolis: _____

Legal Status of Business: Individual Proprietor _____ Partnership _____ Corporation _____ LLC _____

If Corporation or LLC, list state where incorporated or authorized: _____

Registered Agent's name: _____

Registered Agent's Address: _____ Zip Code: _____

Have you or any managers, officers, directors, or stockholders previously been engaged in operating a massage parlor, bathhouse, escort service, body painting studio, or nude modeling studio? Yes No

If yes, list the name, address, and any criminal investigations related to that business:

Type of license for which applicant is applying: _____

List the number of massage tables: _____ Showers: _____

Stalls or other such individual units in the establishment: _____

If Corporation, Principal Office of Corporation: _____

If Corporation or Partnership, list the name and address of each corporate officer or partner:

List all aliases of the business: _____

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended: Yes _____ No _____

Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of any public offense concerning an act of violence, moral turpitude, sex offense including but not limited to prostitution or public indecency involving the act of touching oneself or another in a sexual manner: Yes ____ No ____

If so, list type of conviction and the jurisdiction: _____

Please indicate that you agree or disagree by marking yes or no for the following:

1. Licensee is in good standing and has not had any license or registration to operate a business revoked or suspended: Yes _____ No _____
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness: Yes _____ No _____
3. The person signing this application has the authority to sign for the business being licensed: Yes _____ No _____
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law: Yes _____ No _____
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public: Yes _____ No _____
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material: Yes _____ No _____
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose: Yes _____ No _____
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials: Yes _____ No _____

9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated:
Yes _____ No _____
10. Licensee agrees to apply in writing to the Department of Code Enforcement before changing the location of the business (if permitted by ordinance): Yes _____ No _____
11. Licensee agrees to give the Department of Code Enforcement written notice once the business ceases to exist:
Yes _____ No _____
12. Licensee agrees to give the Department of Code Enforcement written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs
Yes _____ No _____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature: _____

Name Printed: _____

Date: _____

